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Thomas J. Nasca, MD, MACP

Chief Executive Officer

Accreditation Council for Graduate Medical Education

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Dear Dr. Nasca,

Thank you for the opportunity to present the views of the American Board of Medical Specialties (ABMS) with respect to the review by the ACGME of its accreditation requirements for resident duty hours. As many of the ABMS Member Boards will submit their own individual comments specific to their specialty areas, this letter will focus on general issues and concerns that have been raised by the ABMS Member Board community since the inception of the current duty hours requirements.

While ABMS and ACGME are independent organizations, the primary goal of each of our organizations is to ensure appropriate training and certification of a high-quality, specialty-based workforce in health care systems that act in the public interest and provide the highest quality of care in an environment that promotes patient safety and continuity of care for patients, while also providing residents with the educational experience they need to ultimately practice independently in an environment that simultaneously monitors their safety and well-being. The specialty-specific standards set by the ABMS Member Boards inform the ACGME program requirements, and certification by an ABMS Member Board is the primary outcome measure of ACGME-accredited graduate medical education. ABMS and ACGME act independently in our respective spheres, but we nonetheless have similar responsibilities both to the

public and to the young physicians trained in ACGME-accredited programs and ultimately certified by ABMS Member Boards

The input that we have received from our Member Boards community about the duty hours requirements has varied by specialty, as one might expect, but we have also heard many recurring themes over the last five years. For example, there is general agreement that the focus on resident duty hours has led to an increased focus on resident well-being and safety, with many hospitals having created mechanisms to monitor resident fatigue and ensure that residents have places to sleep and/or safe transportation home. We believe these changes are all welcome and necessary additions to residency training. Similarly, residency programs have increased their emphasis on supervision and availability of faculty.

However, while there is agreement among the ABMS Member Boards that the above positive changes are welcome, there is also general agreement that the unintended consequences of the current duty hours requirements are concerning and in some ways potentially detrimental both to patient safety and resident education and need to be addressed.

From an educational perspective, the "one size fits all" nature of the current duty hours requirements does not align and/or respect specialty-specific training requirements. While many specialties have not had to modify their training significantly to comply with the latest restrictions, others have had to make significant modifications that impact their educational programs in different ways that are unique to their own specialty. Examples of this include : pathology interns who miss important educational experiences that occur at night because they are not allowed to take in-house call, surgical residents who are required to leave the operating room during a long procedure or are not present for a surgical revision to treat a complication of the initial procedure, medical residents who hand off the care of patients that they know best during critical episodes , and the almost universal concern regarding loss of educational opportunities due to missed conferences and clinics on days following call. As many programs instituted night float or other shifts to enact the current requirements, there are concerns that the process itself has resulted in a "shift mentality" that will ultimately lead to a new definition of the relationship between a physician and patient –one that is something less than what we currently expect from either ourselves as physicians or from those whom we train and certify.

While some flexibility is allowed in the current duty hours requirements for residents to remain in the hospital on rare occasions to care for patients who are critically ill or for a unique educational experience, these episodes are exceptions rather than the rule. Many of these services are increasingly provided by mid-level providers who have been hired to fill gaps when residents are not available or by

faculty who are now more often than not providing care at night. This leads to additional concerns about whether residents are exposed to the necessary number of clinical experiences that enable a feeling of confidence to practice independently following completion of training. Each of our organizations has seen a proliferation of 1-2 year fellowship programs as well as an increasing number of residents pursuing fellowship training following residency, which may in some part be due to concerns regarding the ability to practice independently.

The concerns regarding patient safety have been well-articulated in the graduate medical education community and focus primarily on the unintended consequences resulting from an increased number of hand-offs and transitions of care that result in patients ultimately being cared for by numerous residents and/or mid-level providers who know them the least. These anecdotal concerns are increasingly being confirmed by recently published studies that demonstrate a negative impact on resident education without associated improvements in patient care, patient experience, and resident wellness—all areas that the restrictions were meant to address by providing for more sleep and supervision. The answers to these questions will ultimately require large multi-institutional controlled studies. We look forward to the results of the FIRST and iCOMPARE studies which will allow the community to better answer these questions for Surgery and Internal Medicine, respectively.

We thank you for the opportunity to respond and look forward to participating in the Resident Duty Hours in the Learning and Working Environment Congress in March, 2016.

Sincerely,

Mira Irons, MD

Senior Vice President, Academic Affairs

Cc: Lois Margaret Nora, MD, JD, MBA